## EXHIBIT C

Case	- 06-10785-90725 Pac 8892	-312 East	ereat 08/09/1d314745	106 <sub>0e</sub> Page	p2 of 11
		PRO	OOF OF CLAIM		
Name of Debtor:		Case No	Imber:	ļ	
			10725-LBR		
USA Coman	CIAL MORTGAGE COMON		10745-LNC	Ì	
NOTE: See Reverse for Lie	st of Debtors and Case Mumbers.	ΥИ		ĺ	
This form should not be use	ed to make a claim for an administrative of the case. A "request" for payme		Check box if you are aware that anyone size has		
administrative expense may	y be filed pursuant to 11 U.S.C. § 503.	ent or an	filed a proof of claim relating		
Name of Creditor an	d Address:		to your claim. Attach copy of statement giving particulars.		
	1241001148		Check box if you have		
THE KENNETH	H. + PHYLLIS P. WYATT		never received any notices from the bankruptcy court or	DO 110	
4. VENNETHILY	H. + Phyllis P. WYATT TRUST WYATT + Phyllis P. WYATT	TRUSTEE.	BMC Group in this case.	SECURED INTE	HIS PROOF OF CLAIM FOR A IREST IN A BORROWER THAT IS NO
P.O. BOX 3704	LOO			ONE OF THE DI	EBTORS. Iready filed a proof of claim with the
LAS VEGAS.	NV 89137-0400 or )702-804-1832		differs from the address on the envelope sent to you by the	Bankruptcy Cou	rt or BMC, you do not need to file again
Creditor Telephone Numbe	1 702-804-1832		court.	THIS SPA	CE IS FOR COURT USE ONLY
	or other number by which creditor identifie	es dedior:	Check here replac	S DOWNSHIE	ly filed claim dated:
53/1			if this claim amen		
1. BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	Retiree	benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Services performed	Taxes		salaries, and compensation (	fill out b <del>elow</del> )	Other claims against servic (not for loan balances)
Money loaned	Other (describe briefly)	Linnaid (	r digits of your SS #:	formed from	04/01/06 to 11/01/06
- '	UNREMETTED THIERE	ST Cripaid	Miliperiablion for services per	normed from: (	(dete) to [[[at]06]
2. DATE DEBT WAS INCU			OURT JUDGMENT, DATE O		
4. CLASSIFICATION OF C See reverse side for importa	LAIM. Check the appropriate box or boxes	that best descr	ibe your claim and state the amou	unt of the claim at	the time case filed.
UNSECURED NONPRIOR	•		SECURED CLAIM		
Check this box if: a) there	s is no collateral or lien securing your claim, or			our claim is secu	ured by collateral (including
exceeds the value of the entitled to priority.	property securing it, or if c) none or only part o	of your claim is	a right of setoff).  Brief description of	collateral:	
UNSECURED PRIORITY O			Real Estate	_	e Other INTEREST
Check this box if you have entitled to priority.	e an unsecured claim, all or part of which is		Value of Colleteral:	_	000,00
Amount entitled to priority	, \$			_	at time case filed included in
Specify the priority of the	cleim:		secured claim, if any:	4083	35
Domestic support obligati	ions under 11 U.S.C. § 507(s)(1)(A) or (a)(1)(B	3) [	Up to \$2,225" of deposits town	rd purchase, leas	e, or rental of property or
	nissions (up to \$10,000)*, earned within 180 da uptcy petition or cessation of the debtor's	ays	services for personal, family, or		•
	arlier - 11 U.S.C. § 507(a)(4).	늗	Taxes or penalties owed to gov Other - Specify applicable pare		
Contributions to an emplo	byee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjus		
5. TOTAL AMOUNT OF CL	ANA e		with respect to cases commen	ced on o <u>r elter th</u>	e date of adjustment.
AT TIME CASE FILED:		54,0	5 8 3 . 3 5 \$	1-4-4-4	\$ 54,083,35
Check this box if claim in	cludes interest or other charges in addition to	-	•	( priority) mized statement	(Total) of all interest or additional charges.
7. SUPPORTING DOCU	t of all payments on this claim has been of JMENTS: <u>Attach copies of supporting do</u> acts, court judgments, mortgages, securi	<u>ocuments,</u> su ty agreement	uch as promissory notes, purc s, and evidence of perfection	hase orders, in of lien. DO NO	voices, itemized statements of
	ocuments are not available, explain. If the PY: To receive an acknowledgment of		•	•	d envelope and copy of this
ACCEPTED) so that it	mpleted proof of claim form must be a is actually received on or before 5:80 ; ity (including Individuals, partnerships	pm, prevailin	ig Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	:	
Attn: USACM Claims Do	ocketing Center	Attn: USA	AČM Claims Docketing Center	r	
P. O. Box 911 El Segundo, CA 90245-	0911		t Franklin Avenue do, CA 90245		
DATE	SIGN and print the name and title, if any, o			***************************************	1
11/02/06	this claim (attach copy of power of at	Homay, if any):			

Case 06-10725-gwz Doc 8892-3 Entered 08/09/11 14:45:06 Page 3 of 11 UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Case Number Name of Debtor Commercial Montgage USA 06-10725(LBZ) NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has filed a proof of claim relating to arising after the commencement of the case. A request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 your claim Attach copy of Name of Creditor and Address statement giving particulars ARTHUR I Keiss 2398 West 1050 North Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT BMC Group in this case HURRICHIE, UT 84737 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the Creditor Telephone Number (435 635 - 34)。 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages salaries and compensation (fill out below) Other claims against servicer Services performed (not for loan balances) Last four digits of your SS# Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED APREL CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000)\* earned within 180 days wages satisfies of commissions (up to 3 to 600) earlied within before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 USC § 507(a) (\_\_\_\_) Contributions to an employee benefit plan 11 USC § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 000 00 50,000,00 AT TIME CASE FILED (secured) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time on November 13 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue FILED JAN 08 2007 El Segundo CA 90245 0911 El Segundo CA 90245

Penalty for presenting fraugulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC \$5 152 AND 3571

claim (attach copy of power of attorney if any)

SIGN and oring the name and title if any of the creditor or other person authorized to file

DATE

USA CMC

A THE STANGE WANKRUPTON COURTS AND STREET OF MEVANA.	<sup>3</sup> PR(	of Claim	5:06 Pag	e 4 of 11
Name of Debtor:	Case Nu	mber:	l I	
USA Commercial Mortgage Company		725-LBR		
OSA Commercial mortgage company	00-101	723-LDR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.	C) UII	filed a proof of claim relating		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.	DEBTORS YOU	OO <u>NOT</u> HAVE TO FILE A PROOF
1132124203660	03	Chark hav if you have		INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT.
LANZAS, JOSE		Check box if you have never received any notices		
3345 SPOTTED FAWN DR.		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
ORLANDO FL 32817			ONE OF THE DE	
- ( - 0 0 10		Check box if this address differs from the address on the	1 '	eady filed a proof of claim with the
407-673-3113		envelope sent to you by the court.		or BMC, you do not need to file again.
Creditor Telephone Number ( )	4.4.4	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	deptor:	Check here replace	a proviouely	filed claim dated:
Client 10 4994		if this claim amen	ids	
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	T Wages.	salaries, and compensation (	fill out below)	Other claims against service
Services performed Taxes	_	digits of your SS #:		(not for loan balances)
Money loaned		compensation for services pe	rformed from:	to
				(date) (date)
2. DATE DEBT WAS INCURRED: 1/19/05	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the	at best descri	be your claim and state the amo	unt of the claim at t	he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b	) wur claim	Check this box if yo	our claim is secui	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y		a right of setoff).		
entitled to priority.  UNSECURED PRIORITY CLAIM		Brief description of	collateral:	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.		Value of Collateral:	\$	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$ <u>20,00</u>	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase, lease	, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day	s	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go	vernmental units - '	11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para		• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Continuations to an employee bottom plan 11 c.c.c. 3 con(a)(a).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$	20,0			\$
AT TIME CASE FILED: (unsecured)	•	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre	edited and d	leducted for the purpose of m	aking this proof	of claim.
7. SUPPORTING DOCUMENTS: Attach copies of supporting doc				
running accounts, contracts, court judgments, mortgages, security	agreement	s, and evidence of perfection	of lien. DO NO	T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the			•	anualana and annu af thin
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ne ming or y	our claim, enclose a stamped	o, seit-addressed	envelope and copy of this
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm				USE ONLY
for each person or entity (including individuals, partnerships, governmental units).	corporatio	ns, joint ventures, trusts ar	iu	USA CMC
BY MAIL TO: BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO	:	
Attn: USACM Claims Docketing Center	_	up CM Claims Docketing Cente	r	1072500931
P. O. Box 911		t Franklin Avenue		
El Segundo, CA 90245-0911		do, CA 90245		
SIGN and frint the name and title, if any, of the daim (attach copy of power of atto	mey, if any	s outer person authorized to file	اً.	שרת אמנו הם פחחב
1030/06 July JOSE H. LANZA	e (m	LADUS LANTAS	, H	ILED NOV 02 2006

Case (Galse 785-180725-1800 1818)	<del>ᠬᠯᢪ</del> 48 <b>ছ</b> ?	OF OF CLAIM	<del>F:86</del> e 1 6990	25 of 11	
		OI OLAIM			
	Case Nu				
13.11.00					
USA Commercial Mortgage Company	06-107	725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative er arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	,	Y OWED MONEY BY A BORROWER	
Name of Creditor and Address  11321242036982  MAMUAD, TAMRA 7935 PLACID STREET		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF		
		Check box if you have never received any notices from the bankruptcy court or	OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A		
LAS VEGAS NV 89123		BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEB	EST IN A BORROWER THAT IS NOT TORS ady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number 762 269-0769		court	THIS SPACE	IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	s debtor	Check here replace or fithis claim amer	a previously	filed claim dated	
1 BASIS FOR CLAIM	7 Patron I	penefits as defined in 11 U S		Unremitted principal	
Goods sold Personal injury/wrongful death				Other claims against servicer	
Services performed Taxes		salaries, and compensation ( r digits of your SS #	illi out below)	(not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	rformed from	to	
2 DATE DEBT WAS INCURRED 2/7/06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes to				e time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$		7	our claim is secure	ed by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part of entitled to priority		a right of setoff)  Brief description of		,	
UNSECURED PRIORITY CLAIM		· -	_	Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate L  Value of Collateral		Calei	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the claim		secured claim, if any	\$ 2 3,00	0.00	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	)	Up to \$2 225* of deposits town			
Wages salanes or commissions (up to \$10 000)* earned within 180 da before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	ays	services for personal family of Taxes or penalties owed to go			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	Other - Specify applicable par	• .	• .,	
		* Amounts are subject to adju- with respect to cases commer			
5 TOTAL AMOUNT OF CLAIM \$ 15/000	了到	<i>₹₩</i> ()\$		STOTAL CO	
AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to		secured 25,000 amount of the claim. Attach ite	( priority) mized statement of	ali interest or additional charges	
6 CREDITS The amount of all payments on this claim has been of 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting do</u> running accounts, contracts, court judgments, mortgages, securit DOCUMENTS if the documents are not available, explain if the	ocuments, si by agreement	uch as promissory notes, punts, and evidence of perfection	chase orders, invo	orces, itemized statements of	
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of y	your claim enclose a stampe	d self-addressed	envelope and copy of this	
The original of this completed proof of claim form must be so ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships governmental units)	om, prevailu	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	•		
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cente	r [		
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do, CA 90245	-		
DATE SIGN and print the name and trile if any of the claim (attach copy of power of att	f the creditor o	r other person authorized to file	rinn		
10-306 Jan Tar	nva,	Mamuad of	Money		

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years, or both 18 U S C \$\frac{9}{2}\$ 152 AND 357

Caso 06 10725 awz Doo 0002 (	2 Fnt	ered 08/09/11	<u> 14:45</u>	<del>- OG - Page</del>	-6-of 11
Stat 00 10725 gw2 50025	PRO	OOF OF CL	AIM	.00 Page	0011
Name of Debtor	Case Nu	ımber	<del></del>		
USA CAPITAL FIRST TRUST DEED FUND LLC		10728 (1	BR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you a aware that anyone els filed a proof of claim re	e has elating		
Name of Creditor and Address		to your claim Attach of statement giving partic			
1132124100322	20	Check box if you l	have		
MOLLIE SHOICHET & HENRIETTA ARONSON		never received any no	tices		
21150 POINT PL APT 606 AVENTURA FL 33180-4034		from the bankruptcy co BMC Group in this cas	se		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
		Check box if this a differs from the addres envelope sent to you b	ss on the		eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number ( ) 305-918-00		court		THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 32.20	debtor	Check here	replac	a previously	filed claim dated
1 BASIS FOR CLAIM	7 Betiree I	penefits as defined in			T I love method name and
Goods sold Personal injury/wrongful death				•	<ul><li>Unremitted principal</li><li>Other claims against servicer</li></ul>
Services performed Taxes		salaries and comper r digits of your SS #	isauon (i		(not for loan balances)
Money loaned Unother (describe briefly)	Unpaid o	compensation for serv	vices pei	formed from	to
2 DATE DEBT WAS INCURRED 3-15-06	3 IF C	OURT JUDGMENT,	DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the					he time case filed
See reverse side for important explanations		SECURED CL	AlM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b)	\ alaum			our claim is secui	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y		a right of se			
entitled to priority UNSECURED PRIORITY CLAIM					CLEAR LAKE
Check this box if you have an unsecured claim all or part of which is entitled to priority		₩ Real Es			Other
Amount entitled to priority \$		Amount of arre	arage ar	nd other charges	at time case filed included in
Specify the priority of the claim	-			<del></del>	T FROM 3-10-06
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)*, earned within 180 days	L. *	services for personal	family o	r household use -1	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Ļ				11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	Other - Specify applic			§ 507(a) ( ) ad every 3 years thereafter
		with respect to cases			date of adjustment
T AT TIME CASE PILED	100,0	00 m \$			\$ 100,000 00
(unsecured)	•	secured)		( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , contracts, court judgments, mortgages security	<i>uments,</i> su agreement	uch as promissory no	ites, puro	hase orders, inv	oices, itemized statements of
DOCUMENTS If the documents are not available, explain if the a <b>DATE-STAMPED COPY</b> To receive an acknowledgment of the	documents	are voluminous atta	ach a sur	nmary	
proof of claim			•		on one and oop, or and
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	n, prevailir	ig Pacific time, on N	lovembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, governmental units)	-	,			Iolal Data
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIV up	VERY TO		THE WATE
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	CM Claims Docketin t Franklin Avenue	ng Cente	•	9/27/2000
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the		do, CA 90245	nd to El-		• •
this claim (attach copy of power of attor Mollie Sholchet & HE	mey if any)	•	,		USA FIRST TRUST
	<u> </u>				1072800051
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprison the	ent for up to	Description 1848	156	1 <u>52</u> AND 3571	• • • • • • • • • • • • • • • • • • •

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dist	RICT OF NEVADA	PROOF OF CLAIM
Name of Debtor	Case N	umber	
USA COMMERCIAL MORTGAGE CO.	0.6	-10725	
NOTE. This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	trative exper	nse arising after the commencement ursuant to 11 U.S.C. § 503.	11
Name of Creditor (The person or other entity to whom the debter owes money or property):	else t	k box if you are aware that anyone cas filed a proof of claim relating t	0
FRIEDA MOON TRUSTEE OF THE DECEDENT'S TRUST OF THE		claim. Attach copy of statement g particulars.	
RESTATED MOON IRREVOCABLE TRUST DATED 6/12/987	8	k box if you have never received a	ιογ
Name and address where notices should be sent:	notic	es from the bankruptcy court in the	nis
Frieda Moon 2504 Calita Court	Case.	k box if the address differs from the	ne.
		ess on the envelope sent to you by	THIS SPACE IS THE COURT USL OTHER
Las Vegas, NV 89102 Telephone number: (702) 599-6000		our!.	
Last four digits of account or other number by which creditor identifies debtor:	if thi	k here □ replaces s claim [☑ amends a previous]	filed claim, dated: 5/22/06
1. Basis for Claim General Claim		☐ Retiree benefits as defined	in 11 U.S.C. § 1114(a)
Class 4		Wages, salaries, and comp Last four digits of your St	ensation (fill out below)
Services performed		Unpaid compensation for	services performed
☐ Money loaned ☐ Personal injury/wrongful death		•	i
Taxes Manaligange and Fraud		from(date)	(date)
	3.	If court judgment, date obta	ined:
2. Date debt was incurred:  January 31, 2005			
4. Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe your claim and state the am	ount of the claim at the time case filed
See reverse side for important explanations.		Secured Claim	
Unsecured Nonpriority Claim s 51,033.34		Check this box if your cl	aim is secured by collateral (including
EX Check this box if: a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if c)	ur claim, or I none or	a right of setoff).	
only part of your claim is entitled to priority.		Brief Description of Col	lateral:
Unsecured Priority Claim		☐ Real Estate ☐ M	
Check this box if you have an unsecured claim, all or part of	which is	Value of Collateral: \$	
entitled to priority.		Amount of arrearage and other secured claim if any: \$	charges <u>at time case filed</u> included in
Amount entitled to priority \$			
Specify the priority of the claim:		or services for personal, family,	d purchase, lease, or rental of property or household use - 11 U.S.C.
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)		§ 507(a)(7).  Taxes or penalties owed to gove	rnmental units - 11 U.S.C. § 507(a)(8).
Wages, salaries, or commissions (up to \$10,000),* earned with	nin 180 👝		graph of 11 U.S.C. § 507(a)().
days before filing of the hankruptcy petition or cessation of the del business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*A	mounts are subject to adjustment	on 4/1/07 and every 3 years thereafter
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507	(a)(5).		d on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:		51,033.34	51,033.34
As of Nov. 6, 2006  Check this box if claim includes interest or other charges in a interest or additional charges.	ddition to t	(usecured) (secured) he principal amount of the claim.	Attach itemized statement of all
6. Credits: The amount of all payments on this claim has been	en credited	and deducted for the purpose of	THES SPACE IS FOR COURT USE ONLY
making this proof of claim.			
7. Supporting Documents: Anach copies of supporting docu	ments, such	as promissory notes, purchase	
orders, invoices, itemized statements of running accounts, con	iracts, cour SND ORIG	inal DOCIMENTS. If the	į l
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-			
addressed envelope and copy of this proof of claim.			
Date Sign and print the name and title, if any, of the this claim (attach copy/of power of at	or the credit Jorney, if a	or other person authorized to	
Nanchi Att			
Nancy L. Allf, Esg.,	'Bar	#0128	

UNITED STATES BANKRUPTCY COURT	PRO	OOF OF CLAIM		3
DISTRICT OF NEVADA		<del></del> -		
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Co	BK-S	5 06 10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
P Morgan Trust Pauler A Morgan TTEE 1005 Windfair Village St.		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Las Vegas, NV 89145. 8664		Check box if this address differs from the address on the envelope sent to you by the		BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( ) 702-468 8050		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of HFA Clear Lake	deptor	Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes ☐	-	salaries and compensation (l	fill out below)	Other claims against servicer (not for loan balances)
Money loaned		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	ibe your claim and state the amou	unt of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo		Check this box if yo a right of setoff)	our claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate		e Other
entitled to priority  Amount entitled to priority \$		Value of Collateral		at time case filed included in
Specify the priority of the claim		secured claim if any		at time case med included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towal services for personal family of		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4)		•		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	-	
		Amounts are subject to adjust with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 50,000,00 \$ AT TIME CASE FILED (unsecured)	(s	secured)		\$ 50,000.00
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach iter	mized statement o	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the di-	<i>ments,</i> su greement	ich as promissory notes purc s and evidence of perfection	chase orders inv	orces itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, or governmental units)	prevailin	a Pacific time, on Novembe	er 13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND ( BMC Grou	OR OVERNIGHT DELIVERY TO		PII PR 1141. 4 A 464
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 East	CM Claims Docketing Center t Franklin Avenue	r	FILED NOV 1 3 2006
El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the		o CA 90245		USA CMC
11-9-06 Paula a morgan	ey if any)	Λ	Trust	1072501369

FORM B10 (Official Form 10) (10/05)

FURM BIU (Official Form 10) (10/05)					
United States Bankruptcy Court	Dis	TRKT	OF <u>Nevada</u>		PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTBAGA CO		Number 6 - 1	0725	LBR	THOSE OF GENIA
NOTE This form should not be used to make a claim for an adminis	strative exp	ense ans	ing after the o	commencement	7
of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the			you are awar		7
debtor owes money or property)			i a proof of cla Attach copy o	aim relating to	]
PRESCIA FNVESTMENTS ANTHONY + MANCY MANAGERS  Name and address where notices should be sent		ng partic			
Name and address where notices should be sent				er received any	
5475 West TECO AU.	case		are cankrupto	cy court in this	1
			the address d ne envelope se	iffers from the	
Telephone number 702 353 0554		court.	ic cuverope se	an to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here	replaces	a prayonal. Et	ad claim dated
100	ir th	is claim			ed claim dated
1 Basis for Claim					IIUSC § III4(a)
Goods sold Services performed		L	ast four digits	s of your SS#	
Money loaned			-		vices performed
Personal injury/wrongful death Taxes		fr	rom		(date)
Other ————			((	nate)	(date)
2. Date debt was incurred	3	If cou	rt judgment,	, date obtained	
4 Classification of Claim. Check the appropriate box or boxes th	at best des	cribe yo	ur claim and s	state the amount	of the claim at the time case filed
See reverse side for important explanations			red Claum		
Unsecured Nonpriority Claim \$			Check this bo	x if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r Claim, or none or	árigh	t of setoff)	<del>-</del>	, , , , ,
only part of your claim is entitled to priority	·			tion of Collater	
Unsecured Priority Claim			Real Esta	te Motor	Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is	l .			
Amount entitled to priority \$				e and other char	rges <u>at time case filed</u> included in
Specify the priority of the claim	г	L			rchase lease, or rental of property
<del>                                    </del>		OF SETVI	ces for person	osics toward put al, family or ho	ousehold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) o (a)(1)(B)	, LJ	§ 507(a			
Wages salaries, or commissions (up to \$10,000),* earned within	n 180 📙		-	_	ntal units - 11 USC § 507(a)(8) of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4)	or's 🔲		• • • • • • • • • • • • • • • • • • • •		1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a					or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$		75	,000	75.010
Check this box if claim includes interest or other charges in add	htion to the	(Unsecu	ed) (\$	ecured) (	priority) (Total)
interest or additional charges					A NOTHE OF STATE OF S
6 Credits The amount of all payments on this claim has been	credited a	nd dedu	cted for the pi	-	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attach copies of supporting documents	ente euch	ac neon-	eensu sataa -	urchose	1 2 900
orders invoices itemized statements of running accounts, contra	cts, court	udgmen	ts, mortgages	, security	FILED JAN 16 200
agreements and evidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CUMENTS	If the	1 16-6-
documents are not available explain. If the documents are voluing a substantial documents are voluing as a substantial documents are voluing as a substantial document are voluing as a				nmad sale	
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title if any, of the	he creditor	or other	person author	orized to	}
file this claim fattach copy of power of attor	ney II any	, 	3	- 1	į
11101011 1/ MANAA HAM - Anth	DAG	POPL	CIA.NA	NAGOR	USA CMC
Penalty for presenting fraudulent claim Fine of up to \$500 000 or	Imprisonm				1072502390

FORM B10 (Official Form 10) (10/05)		
UNITED STAILS BANKRUPICY COURT	DISTRICT OF	PROOF OF CLAIM
Name of Duhtor USA COMMERCIAL MORTGAGE		CEIVED AND FILED
NOTE This form should not be used to make a claim for an administrative expense ma	ly be filed pursuant to 11 USC § 503	MAY 32 P 1 46
Name of Creditor (The person or other entity to whom the dubtor owes money or property)  ANTHONY AND NANCY PRESCIA  Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.	TIC ACOUNT OLERK
5475 WEST TECD AVE LAS VEGAS, NV 89118 Telephone number 702-353-0554  Last four digits of account or other number by which creditor	Check box if the address differs from the address on the envelope sent to you by the court.  Check here replaces	THE SPACER FOR CORE USE ONLY
Last four digits of account or other number by which creditor identifies debtor	if this claim amends a previously file	claim da e
I Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in  Wages salaries and compensation for service fromto (date)	ces performed
2. Date debt was incurred 2005	3. If court judgment, date obtained	
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$	Check this box if your claim is a right of setoff)  Brief Description of Collateral Real Estate Motor Volue of Collateral Secured claim, if any Secured cl	res at time case filed included in the case lease or rental of property is chold use - 11 U S C \$ 507(a)(8) of 11 U S C \$ 507(a)(—)  1/07 and every 3 years thereafter after the date of adjustment
5 Total Amount of Claim at Time Case Filed.	\$ 75,000	75,000
Check this box if claim includes interest or other charges in additional charges	dition to the principal amount of the claim Attach	rionty) (Total) n itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are volu.  8 Date-Stamped Copy. To receive an acknowledgment of the first addressed envelope and copy of this proof of claim.  Date. Sign and print the name and title, if any, of file the claim (attach copy of power of atto.)	nents, such as promissory notes, purchase acts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous, attach a summary iling of your claim, enclose a stamped, self-the creditor or other person authorized to	THIS SPACE IS IT ONLY  A  USA CMC
Penalty for presenting fraudulens claim Fine of up to \$500 000 or	Anthony Prescia Manager	

Case 06-10725-gwz Doc 8893	2-3 E	ntered 08/09/11 14	:45:06 Pa	age 11 of 11	
UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA	PROOF OF CLAIM			AIM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber	Schedule/Claim I	D s31929	
USA Commercial Mortgage Company	06 107	as I DD	Amount/Classifica	ation	
OSA Commercial Mortgage Company	00-107	25-LBR	\$0 00 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		Check box if you are			
arising after the commencement of the case. A request for payment of an		aware that anyone else has			
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	The amounts refle	The amounts reflected above constitute your claim as	
Name of Creditor and Address  1292449000  LAWRENCE RAUSCH 10708 BRINKWOOD AVE	03059	3059 statement giving particulars y Check box if you have never received any notices		scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.	
_^S VEGAS_NV_89134_5245				own above are listed as Contingent disputed a proof of claim must be	
		Check box if this address	filed	a proof of blann made bo	
		differs from the address on the		eady filed a proof of claim with the	
Creditor Telephone Number ( 2) 241 - 8123		envelope sent to you by the court	•	or BMC you do not need to file again	
Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY	
5-LBR	dobtor	Check here replace or if this claim amen	a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	Wages s	salaries and compensation (	fill out below)	Other claims against servicer	
Services performed Taxes		digits of your SS #	• • • • • • • • • • • • • • • • •	(not for loan balances)	
Money loaned Other (describe briefly)		ompensation for services pe	rformed from	to	
				(date) (date)	
2 DATE DEBT WAS INCURRED 7-11-05	3 IF C	OURT JUDGMENT, DATE C	BTAINED		
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I See reverse side for important explanations	best describ	e your claim and state the amour	nt of the claim at the	e time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) you	our claim	Check this box if you	our claim is secu	red by collateral (including	
exceeds the value of the property securing it or if c) none or only part of your	r claim is	а пght of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other	
entitled to priority		Value of Collateral	\$		
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included			at time case filed included in	
Specify the priority of the claim		secured claim if any	\$	at time case med included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225 of deposits towa	rd purchase loace	or reptal of property or	
Wages salaries or commissions (up to \$10 000) earned within 180 days	السا	services for personal family o	r household use 1	USC § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	vernmental units 1	1 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Spec fy applicable para			
		Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 and	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ 44 4 4 2 \$		\$	oca on or arter tile t	Α	
AT TIME CASE FILED (unsecured)	(se	ecured)	( pnority)	- 5 L 022 Total	
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach ite	mized statement of	1	
6 CREDITS The amount of all payments on this claim has been cred	dited and d	educted for the purpose of r	naking this proof	of claim	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security a DOCUMENTS of the documents are not available explain of the documents.	agreements	s and evidence of perfection	notken DOMO	oices itemized statements of OT SEND ORIGINAL	
3 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this	
, , , , , , , , , , , , , , , , , , , ,					
The original of this completed proof of claim form must be sent ACCEPTED)	t by mail c	or nand delivered (FAXES i	NOT	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO	BY HAND O	OR OVERNIGHT DELIVERY TO			
bivic Group	BMC G ou	D		FILED JUN 0 4 2007	
D O D . 444		CM Claims Docketing Cente Franklin Avenue	r		
		o CA 90245		USA CMC	
CATE SIGN and print the name and title if any of the	creditor or o	ther person authorized to file	]		
this claim (attach copy of power of attorne	v if any)		1	1072502478	
3 70 01 Jawance es Rausch	LA	INREACE GRA	lugen !		